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EUTHROID® (liotrix)
Caution: Federal law prohibits dispensing without prescription.
Euthroid is synthetic microcrystalline levothyroxine sodium (T_4) USP and synthetic microcrystalline liothyronine sodium (T_3) USP combined in a constant 4:1 ratio.
Indications. Euthroid (liotrix) provides thyroid replacement therapy in all conditions of inadequate production of thyroid hormones, namely:
1) Hypothyroidism, including cretinism and myxedema.
2) Simple (nontoxic) goiter.
3) Subacute or chronic thyroiditis including Hashimoto's disease.
4) Prevention of goiter in hyperthyroid patients undergoing treatment with thiouracil derivatives.
5) Usage in patients who may manifest intolerance to thyroid products of animal origin.
Contraindications. Acute myocardial infarction, adrenal insufficiency, hypersensitivity to any component of this drug.
Warnings. Liotrix should not be used in the presence of cardiovascular disease unless thyroid replacement therapy is clearly indicated. If the latter exists, low doses should be instituted (Euthroid-½ or Euthroid-1) and increased by the same amount in increments at 2-week intervals. This demands careful clinical judgment.
Morphologic hypogonadism and nephroses should be ruled out and adrenal deficiency due to hypopituitarism corrected before liotrix therapy is started.
If hypothyroidism and adrenal insufficiency exist concomitantly, cortisone or similar steroids should be given at dose levels sufficient to correct the adrenal insufficiency before attempting replacement therapy with thyroid hormones.
Likewise, the possibility of alterations in the prothrombin time must be considered and closely monitored in patients on anticoagulant therapy.
Myxedematous patients are very sensitive to thyroid hormones, and dosage should be started at a very low level and increased gradually.
Surgery: Euthroid-treated patients with coronary artery disease should be carefully observed during surgery, since the possibility of precipitating cardiac arrhythmias may be greater in patients treated with thyroid hormones.
Precautions. Hypothyroid patients are especially sensitive to thyroid preparations, and those with severe hypothyroidism may be unusually so.
Initiation of thyroid replacement therapy in patients with diabetes must be carefully monitored because of potential fluctuation in daily insulin or oral hypoglycemic requirements.
As with all thyroid preparations, this drug will alter the results of thyroid function tests.
Adverse Reactions. Overdosage or too rapid increase in dosage of thyroid preparations can produce signs and symptoms of hyperthyroidism, such as menstrual irregularities, nervousness, cardiac arrhythmias, and angina pectoris.
Drug Interactions. The possibility of alterations in the prothrombin time must be considered and closely monitored in patients on anticoagulant therapy.
Dosage and Administration. Initial dosage should be low and gradually increased at 2-week intervals until the desired clinical response is obtained. Laboratory criteria of euthyroidism include a PBI of 3.5 to 8 mcg; T_3, T_4, and BEI tests are useful.
For most patients, a single daily dose of Euthroid-1, -2, -3 will maintain euthyroidism. Transfer of a patient from a maintenance dose of another thyroid preparation to Euthroid can usually be effected smoothly. See table for initiating therapy or converting from other thyroid preparations.

Euthroid (liotrix)			Approximate Equivalents Natural Thyroid USP		Synthetic
Tablet	T_4*/T_3** mcg	Color		T_4*	T_3**
Euthroid-½	(30/7.5)	pale orange	½ grain	.05 mg	12.5 mcg
Euthroid-1	(60/15)	light brown	1 grain	.1 mg	25.0 mcg
Euthroid-2	(120/30)	violet	2 grains	.2 mg	50.0 mcg
Euthroid-3	(180/45)	gray	3 grains	.3 mg	75.0 mcg

*T_4 = levothyroxine sodium (*l*-thyroxine) **T_3 = liothyronine sodium (*l*-triiodothyronine)

Dosage for cretinism or severe hypothyroidism in children is the same as for adults with myxedema. Eventual maintenance dosage in the growing child may be higher than in the adult.
Overdosage. *Symptoms:* Headache, instability, nervousness, sweating, tachycardia, and unusual bowel motility. Angina pectoris or congestive heart failure may be induced or aggravated. Shock may develop. Massive overdosage may result in symptoms resembling thyroid storm; chronic excessive dosage will produce the signs and symptoms of hyperthyroidism.
Treatment: Shock—supportive measures should be utilized. Treatment of unrecognized adrenal insufficiency should be considered.
Supplied. Square W/C monogrammed tablets of four potencies, each identified by a different color (see table).
Euthroid is supplied in ½ grain, pale orange tablets in bottles of 100 (N 0047-0260-51) and 1000 (N 0047-0260-60); 1 grain, light brown tablets in bottles of 100 (N 0047-0261-51) and 1000 (N 0047-0261-60); 2 grain, violet tablets in bottles of 100 (N 0047-0262-51) and 1000 (N 0047-0262-60); and 3 grain, gray tablets in bottles of 100 (N 0047-0263-51) and 1000 (N 0047-0263-60).
STORE BETWEEN 59° and 86° F (15° and 30° C).
Full information is available on request.
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